

# APPLICATION AND AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ) OR DEPENDENCY REDETERMINATION

## PRIVACY ACT STATEMENT

AUTHORITY: 37 USC 403, Public Law 96-343, E.O. 9397.

PURPOSE: To start, adjust, or terminate military member's entitlement to BAQ.

ROUTINE USE(S): Information may be disclosed to the Internal Revenue Service for tax information on members Social Security Administration or information on FICA tax deducted, Department of Veterans Affairs for education and group life insurance information, and the Department of Justice for investigating or prosecuting violations and possible violations of law, the American Red Cross for information concerning the needs of the member or dependents in emergency situations, the Air Force Aid Society to determine needs of a member or dependents in emergency situations and for verification of loan applications, state and local governments for tax and welfare purposes, insurance companies for allotment information and financial institutions for deposits and/or payments.

DISCLOSURE: Voluntary. However, failure to provide all information including Social Security Number (SSN) may result in nonpayment of BAQ.

<b>PART A - IDENTIFICATION &amp; DUTY LOCATION</b>				<b>HOUSING OFFICE or BILLETING OFFICIAL</b>	
1. NAME (Last, First, MI)				<b>NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS</b>	
2. SSN				QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE:	
3. GRADE		4. PHONE		ADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED <input type="checkbox"/>	
5. DUTY LOCATION (Base, State, ZIP Code or Country)				EFFECTIVE DATE: UNIT #	
				INADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED <input type="checkbox"/>	
				EFFECTIVE DATE: UNIT #	
<b>PART B - MARITAL/DEPENDENT STATUS</b>				TRANSIENT QUARTERS OCCUPIED - UNIT #	
6. <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S)				EFFECTIVE DATES FROM: TO:	
MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER				TITLE	
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:				SIGNATURE	
<input type="checkbox"/> DIVORCED (Date) <input type="checkbox"/> LEGALLY SEPARATED (Date)				DATE	
7. NON-CUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ OR <input type="checkbox"/> \$ 00 PER MONTH FOR DEPENDENT'S SUPPORT BASED ON a. <input type="checkbox"/> DIVORCE DECREE, b. <input type="checkbox"/> COURT ORDER, c. <input type="checkbox"/> LEGAL SEPARATION AGREEMENT OR d. <input type="checkbox"/> WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN					
8. I <input type="checkbox"/> CLAIM BAQ FOR THE DEPENDENT <input type="checkbox"/> IN <input type="checkbox"/> NOT IN MY CUSTODY LISTED BELOW (Effective Date):					
NOTE: Indicate the civilian dependent you are claiming and the relationship (i.e., spouse, legitimate, illegitimate, incapacitated, adopted, step-child or parent). If dependent is a child include date of birth (DOB).					
(a) NAME (Last, First, MI)		(b) ADDRESS, CITY, STATE, ZIP or COUNTRY		(c) RELATIONSHIP	(d) DOB
9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE OTHER PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING					
NAME		SSN	BRANCH OF SERVICE	STATION	
<b>PART C - MEMBER'S CERTIFICATION (For members with dependents)</b>					
<input type="checkbox"/> I certify that I provide adequate support (see AFR 35-18) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAQ, and recouping allowances paid for any prior periods of nonsupport.					
<b>CERTIFICATION FOR MEMBERS RECEIVING BAQ FOR SECONDARY DEPENDENTS (Parent, adopted, illegitimate, incapacitated child or step-child)</b> I certify that this is my first application <input type="checkbox"/> YES <input type="checkbox"/> NO. If no, give date your last application was filed.					
I understand that my failure to comply with the applicable requirements may result in cancellation of my BAQ. Furthermore, I understand that making a false statement or claim against the US Government is punishable by court martial and that the penalty for willfully making a false claim, or a false statement in connection with a claim is a maximum fine of \$10,000 or imprisonment for 5 years, or both. I will report any changes of dependent's status or residence, as well as any changes in my housing arrangements immediately to the Accounting and Finance Office (AFO). I also understand that my failure to comply with appropriate requirements may cause involuntary collection of any resulting indebtedness retroactive to the date the entitlement became erroneous.					
MEMBER'S SIGNATURE					DATE
<b>OFFICIAL USE ONLY</b>					
START	CHANGE	CANCEL	REPORT	STOP	PARTIAL
WITHOUT DEPENDENT					
WITH DEPENDENT					
DEPENDENCY DETERMINATION: I have determined that the above named individual is dependent on the member based on being <input type="checkbox"/> spouse, <input type="checkbox"/> single member claiming legitimate child in custody of another, <input type="checkbox"/> legitimate child in single members custody, <input type="checkbox"/> parents, <input type="checkbox"/> stepchild, <input type="checkbox"/> adopted child, <input type="checkbox"/> incapacitated child, <input type="checkbox"/> illegitimate child or <input type="checkbox"/> child, member to member marriage.					
I have determined that the above named individual is not dependent on member or eligible to be a dependent of member. Reasons for disapproval are noted here.					
I have reviewed documents that support claim that member is E-7 or above and no military necessity requires the member to reside on base.					
TITLE OF CERTIFYING OFFICIAL		SIGNATURE		OFFICE ADDRESS	DATE